APP

Date

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	RH	60178	4/5/02
RESPONSE FORMALITY REVIEW			/

INDEX OF CLAIMS

~	Rejected	. N	Non-elected
	Allowed	- 1	Interference
	(Through numeral) Canceled	Α	Appeal
	Restricted	0	Objected

	— (Through numeral) ÷) Canceled Restricted	A O	Appeal Objected
Claim	Date	Claim C	Date	Claim
Prinal Driginal Original Co. Stee S. 16.00		Final		Final Original
1 1 2 7 J 2 2 - = J		51 52		101
3 2 1		53	++++	103
4 F 5 7		54		104
5 3 - 1		55		105
-7 1 4 -		56	 	106
7 7 1	 - - - - 	58		108
d 3= 11-17		59		109
10102 3		60		110
100-10-		61		111
1212		62		112
1319 = > /		63	 	113
14		64		115
15		66	- - 	116
17	 	67		117
18		68		118
19		69		119
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21		71		121
22		72 73		122
23		74	- - - - 	124
25	 - - - - - - - - - - - - - - - - - - -	75	 	125
26		76		126
27		77		127
28		78		128
29		79		129
30		80		131
31 32	 - 	82		132
33		83		133
34		84		134
35		85		135
36.		86		136
37		87	- - - - - 	137
38	 	89		139
40	 	90		140
41	 	91		141
42	 	92		142
43		93		143
44		94		144
45		95		145
46		96		146
47 48	++-+-	97		148
49	+++++	99		149
50	 	100		150

If more than 150 claims or 10 actions staple additional sheet here